## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 19, 2007 8:00 am Secretary of State

ANNUAL REPORT					Secretary of State				
DOCUMENT # P05000114071  1. Entity Name TIGER & RABBIT CORPORATION						01-19-2007 9	•		
Principal Place of Business 537 B VENICE AVENUE EAST VENICE, FL 34285 US		Mailing Address 537 B VENICE AVENUE EAST VENICE, FL 34285 US			1880(RS  1	<b>8 8</b> 4 8 1 8 1 1 4 8 1 1 1 8 8 1 1 4 8 1 1		0007	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		<del>_</del>					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01102007	Chg-P	CR2E034 (12/06)		
City & State		City & State							olied For Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired		8.75 Addi ee Required	tional
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered A	gent	
608 INDIA	SAOVALAK T NA AVENUE , FL 34275	Street Address		eet Address (F	(P.O. Box Number is Not Acceptable) Pinebrook Way				
<u>;</u>				en je			FL	Zip Code	 85
8. The above narped entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE Signature, typed or printed name of possered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)								and accept	
					.00 May Be ed to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
NAME TO STREET ADDRESS   CITY-ST-ZIP	P TAYLOR, SAOVALAK T 608 INDIANA AVENUE NOKOMIS, FL 34275	☐ Delete	TITLE NAME STREET ADD CITY-ST-ZIR	RESS レンタ	lor, Sa La Pina nice, F	ovalak T. ebrook 1 =L 342		Change	Addition
TITLE : NAME STREET ADDRESS CITY-ST-ZIP	VP KUMPEE, MANEE 608 INDIANA AVENUE NOKOMIS, FL 34275	☐ Delete	TITLE NAME STREET ADD CITY-ST-ZI	P VP	mpee, 28 Pine	Manec ebrook FL 342	Way .85	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Delete	TITLE NAME STREET ADD CITY-ST-ZII	DRESS			-	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADD CITY-ST-ZI	l l				Change	Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADD CITY-ST-ZII	,				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADD CITY-ST-ZI	1		·		☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment withyan address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/09

Daytime Phone #